PATENT APPLICATION FEE DETERMINATION RECORD  Effective January 1, 2003  [0792237													7		
	CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL		TTY	:	OTHE	RTHAN		
	TOTAL CLAIM	\$						RATE	T	FEE	٦ĬĹ	SMALL	FEE		:
II.	FOR		NUMBER FILED		NUMBER EXTRA			BASIC F	-1-		OB	BASIC FEE		1	14.
1	TOTAL CHARGE	ABLE CLAIMS	minus 20=		• .		1	X\$ 9-	†		1	7000			
Į,	NOEPENDENT (	CLAIMS			•		1	X42=	+		OR		<b>!</b> -	ł	•
	MULTIPLE DEPENDENT CLAIM PRESENT						1		+		OH	X84=			• •
-	If the differenc	s in column 1 in	lose than torn onto		*****************************	<u> </u>	<u></u>	+140=			OR	:280a			
	of the difference in column 1 is less than zero, enter "0" in column 2							TOTAL	·		OR	TOTAL			
	11510	(Cotumn 1)	(Cotum		n 2) (Column 3)			SMALI		LENTITY		OTHER SMALL			
ENTA		REMARKING AFTER AMENDMENT		HIGHE MUMB PREVIO PAID F	ER USLY	PRESENT EXTRA		RATE	π	VDDI- ONAL FEE		RATE	ADDI- TIONAL FEE		• • 44.•
AMENDA	Total	17	Minus	- a	0			X\$ 9=	Γ		OR	X\$18=			
¥	Independent	<u> </u>	Minus		نل			X42=	1		OR	· X84= :			•
느	I FIRST PRES	entation of Mi	CTIPLE DE	PENDENT	CLAIM				土						
	11/29/0	(Column 1)		(Colum	n 2)      (0	Column 3)		TOTAL BOOT. FEE			OR	TOTAL ADDIT. FEE			
MENT B	Toda	CLAIMS REMAINING AFTER AMENDMENT		HIGHE MUMBI PREVIOU PAID R	ST ER ISLY	PRESENT EXTRA		PATE	TK	DDI-/ DNAL EE	: :	RATE	ADDI- TIONAL FEE	 	ile See il
AMENDME	Independent	NTATION OF MU	Minus Minus	-01 -14		<u>(//</u>	lŀ	X\$ 8\= X42=			OR OR	X\$18=		: ;;	· .::
	i noi ricae	THATION OF MO	CIPCE VEP	ENDEN!	CAIM	<u>/ </u>	'·[	+140=			OR	+280=		·	
		(Column 1)		(Column	) 2) 4C	iolumn 3)	A	POTAL DOTT. FEE	L	7-1	OR L	TOTAL			
DMENT C		CLAIMS REMAINING AFTER AMENOMENT		PREVIOU PAID FO	R P	RESENT EXTRA		RATE	TIC	DOI/ INAL EE		RATE	ADDI- TIONAL		1
Š	Total	٠	Minus .	**	-			X\$ 9=	<del>  </del>		ا ر	Ive.o.	FEE		tre a
AMEM	Independent		Minus	***	-		-		-		1		ent e		Känus
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							X42=	<u> </u>	<b></b>  '	19.	X84= 7	<b>VESEKA</b>	ion of h	<u> </u>
• 1	# If the entry in column 1 is less than the entry in column 2, write 'U' in column 3.  # If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter 20.  OR 107AL  OR 107AL													ingyj.	
-	6 Die Trighest Nu If the Trighest Nu	tiber Previously Pair riber Previously Pair ber Previously Paid	d For IN THIS d For IN THIS	SPACE IN IN	SS THIN 20 He Ben 1	enter 20.	_	TOTAL DOT, FEE			''' 'A	DOTE FEEL	e tembro Storaturi		in der si alle for sind alle for ge

Application or Docket Number